

Work Order ID 105817

Tuesday, August 20, 2013 10:05:17 AM

\*105817\*

ship Friday

Page 1

Item ID: D4001-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Fitting

Stop

\*NS2\*

Start Date: 8/20/2013 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 8/23/2013 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals: Process Plan: WMC

Date: 13-8-20 Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

\*NR1\*

QC:

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D4001	A

100 0.00

\*100\*

Lathe Conv

Conventional Lathe

Memo 0.00

1-Turn as per dwg

DEBURR

120 QC2- Inspect parts off machine FAI/FAIB 0.00

\*120\*

QC

Quality Control

Memo 0.00

J J 13/09/05

130 QC8- Inspect parts - second check 0.00

\*130\*

QC

Quality Control

Memo 0.00

J J 13.09.05.

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

**QA Closed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

**Work Order ID 105817**

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Item ID: D4001-3

Accept

Revision ID:

Item Name: Fitting

Start Date: 8/20/2013 Start Qty: 6.00 \*6\*

Required Date: 8/23/2013 Req'd Qty: 6.00 \*6\*

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

131 HandFinish

\*131\* Chemical Conversion Coat per QSI005 4.1

Operation Description  
Tool ID Tool # Plan  
Code Accept Reject  
Qty Qty Number Insp.  
StampSet-Up/  
Run Hours  
0.00

6 13-9-5

Hand Finishing

Memo  
brush alodine as per dwg  
\*\*\*\*\*do not acid etch\*\*\*\*\*

0.00

132 QC

\*132\* Quality Control

QC3 Inspect Part Finish

Memo

DAS  
27  
9-89

6

0.00 B9S

140 Identify as per dwg &amp; Stock Location: ST243(5X) 0.00

\*140\* Packaging

Packaging

Memo (3X)PPP 105814 0.00

6X (DA 28 13-09-5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Part No. _____			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

**Work Order ID 105817**

Tuesday, August 20, 2013 10:05:17 AM

**\*105817\***

Page 3

Item ID: D4001-3

Accept

Revision ID:

Item Name: Fitting

Start Date: 8/20/2013 Start Qty: 6.00

**\*6\***

**\*N900040100\***

Setup Start

**\*NS1\***

Required Date: 8/23/2013 Req'd Qty: 6.00

**\*6\***

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan:

Date: Tooling: Date:

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: SPC (Y/N): Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

150

QC21- Final Inspection - Work Order Release

0.00

**\*150\***

QC

Quality Control

13/9/13 JJ

A/B O/d M

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
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			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

# Picklist Print

Tuesday, August 20, 2013 10:05:16 AM

Page 1

Work Order ID: 105817

Parent Item: D4001-3

Start Date: 8/20/2013

Required Date: 8/23/2013

Parent Item Name: Fitting

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP rev A 09.12.23 new issue Prelim EC verified by:DD IPP rev B 10.05.13 ccn10-562  
EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN832-6D UNION		Purchased	No				Each	34.0000		6			

Location	Loc Qty	Loc Code
ST324	34	
120693	16	
<u>1253159</u>	18	

*LJP  
13/09/05*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

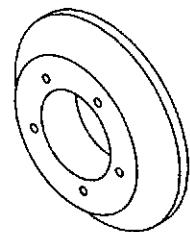
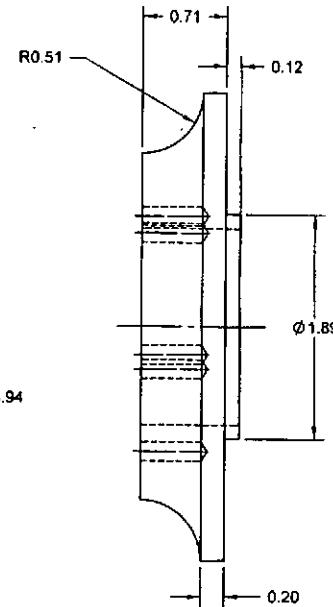
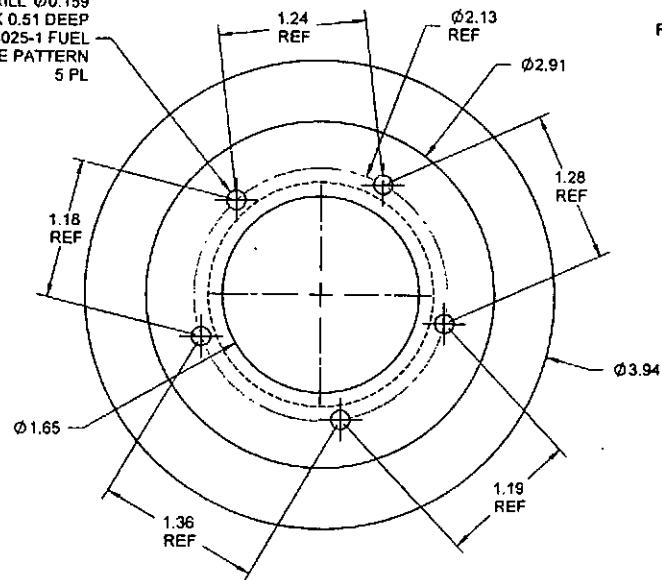
## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4001-1	JCA-M47-1-08

DRILL Ø0.159  
TAP 10-32 UNF X 0.51 DEEP  
SPACED TO MATCH D4025-1 FUEL  
SENDER UNIT HOLE PATTERN  
5 PL



D4001-1 FITTING

NOTES:

- 1) MATERIAL: 6061-T8 (OR 6061-T651/T6510/T6511/T62) ALUMINUM BAR PER AMS-QQ-A-225/8 (OR AMS 4117/4128/4115/4116)  
PER AMS-QQ-A-200/8 (OR AMS 4160)  
REF DART SPEC M6061T6R
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.47 lbs

A	NEW ISSUE	REV.	DESCRIPTION	BY	DATE
DESIGN	<i>AS</i>		DART AEROSPACE LTD		10.02.05
DRAWN	<i>AS</i>		HAWKESBURY, ONTARIO, CANADA		
CHECKED	<i>AS</i>		DRAWING NO.		REV. A
MFG. APPR.	<i>AS</i>		D4001		SHEET 1 OF 2
APPROVED	<i>AS</i>		TITLE		SCALE
DE APPR.	<i>AS</i>		FITTING		NTS
DATE	10.02.05				

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WRITTEN PERMISSION FROM DART AEROSPACE LTD

RELEASED  
2010-05-05  
*MW*

NCR: Yes / No

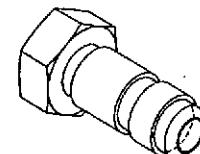
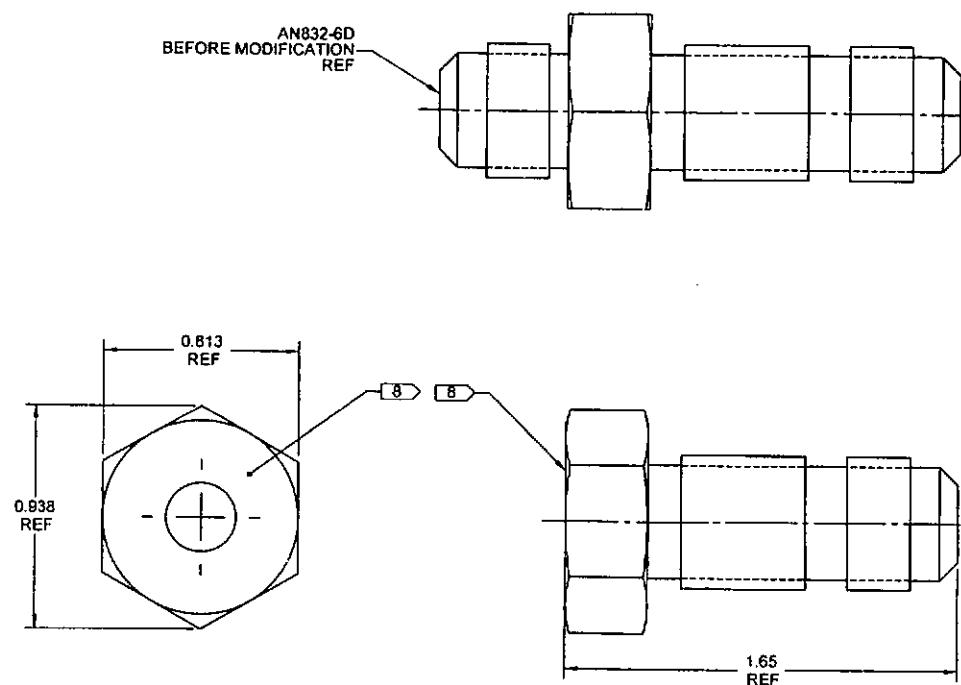
DQA: Date:

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4001-3	JCA-M47-2-28 (AN832-6D-JCA)



D4001-3 FITTING

A NOTES:

- 1) MATERIAL: MADE FROM AN832-6D
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4001-3" AND B/N USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.04 lbs
- 8) BRUSH ALODINE MACHINED SURFACE

DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	DRAWING NO.
MFG. APPR.	<i>[Signature]</i>	REV. A
APPROVED	<i>[Signature]</i>	D4001
DE APPR.	<i>[Signature]</i>	SHEET 2 OF 2
DATE	10.02.05	TITLE
		SCALE
		NTS
FITTING		

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prior permission from DART AEROSPACE LTD.

8 1 7 1 6 1 5 1 4 1 3 1 2 1 1 1

RELEASED  
2010-05-05  
*[Handwritten Signature]*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
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			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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Operator											
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Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced						
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure						
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld						
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	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved							
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong							
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge							
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset								
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration								
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence								
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions								

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b>	<b>105817</b>
<b>Description:</b> <i>Fitting</i>	<b>Part Number:</b>	<b>D 4001-3</b>
<b>Inspection Dwg:</b> <i>D 4001</i> <b>Rev:</b> <i>A</i>		<b>Page 1 of 1</b>

# FIRST ARTICLE INSPECTION CHECKLIST

<b>Measured by:</b>	<i>J.W.P</i>	<b>Audited by:</b>	<i>Gary</i>	<b>Preliminary Approval:</b>	
<b>Date:</b>	<i>13/09/05</i>	<b>Date:</b>	<i>13/09/10</i>	<b>Date:</b>	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

